PART B - FEE(S) TRANSMITTAL

Complete and send this form, togeth, with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

pitting the ISSUE FFF and PUBLICATION FFF (if required). Blocks I through 5 should be completed where

| appropriate. All further con indicated unless corrected l maintenance fee notification | rm should be used for tran- respondence including the I below or directed otherwise is. | Patent, advance ord in Block I, by (a) | ders and noti ers and noti | ification a new c | of maintenance fees vorrespondence address | vill be mailed to the current; and/or (b) indicating a sep | correspondence address as arate "FEE ADDRESS" for | |
|--|--|---|---|---|---|---|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 7655 7590 04/07/2006 GREENBLUM & BERNSTEIN, P.L.C. 1950 ROLAND CLARKE PLACE RESTON, VA 20191 | | | | | Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| | | | | | | | (Depositor's name) | |
| | | | (Signature) | | | | | |
| | | | | | | | (Date) | |
| APPLICATION NO. | FILING DATE | FIRST NAMED | | D INVEN | TOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/612,413 | 07/03/2003 | Motoyasu | | Nakamura | | N45-159950M/ARK | 3618 | |
| APPLN, TYPE | UPPORT STRUCTURE OF | ISSUE FE | | ь | JBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| | L | | | L | | | | |
| nonprovisional | МО | \$1400 | | | \$300 | \$1700 | 07/07/2006 | |
| EXAMINER | | ART UNIT | | CI | LASS-SUBCLASS | | | |
| CARPIO, IVAN HERNAN | | 2841 | 2841 | | 361-627000 | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) NISSIN KOGYO CO., LTD. Ueda-shi, Nagano-ken, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | | |
| 4a. The following fee(s) are | b. Payment of Fcc(s): A check in the amount of the fcc(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fcc(s), or credit any overpayment, to Deposit Account Number 19-0089 (enclose an extra copy of this form). | | | | | | | |
| | s (from status indicated above SMALL ENTITY status. See | • | ☐ b. Applic | cant is n | o longer claiming SMA | LL ENTITY status. See 37 (| CFR 1.27(g)(2). | |
| The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec | is requested to apply the lss Publication Fee (if required) vords of the United States Page | ue Fee and Publicat will not be accepted ent and Trademark | tion Fee (if and I from anyon Office) | ny) or to e other t | han the applicant; a reg | sistered attorney or agent; or | ration identified above. the assignce or other party in | |
| Authorized Signature | Date | | | | | | | |
| Typed or printed name _ | | Registration No. 38,093 | | | | | | |
| This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313 | on is required by 37 CFR 1.3 lity is governed by 35 U.S.C pplication form to the USPT is for reducing this burden, signia 22313-1450. DO NOT -1450. | 11. The information 122 and 37 CFR CO. Time will vary hould be sent to the SEND FEES OR CO. | on is required I.14. This co depending u c Chief Infor COMPLETE | to obtai illection ipon the mation (D FORN | n or retain a benefit by is estimated to take 12 individual case. Any c Officer, U.S. Patent and IS TO THIS ADDRES | the public which is to file (an minutes to complete, includ comments on the amount of t I Trademark Office, U.S. De S. SEND TO: Commissione | nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450, | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.